

<b>Case Number:</b>	CM13-0026838		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 29 year-old male with a date of injury of 04/08/2013. The listed diagnosis per [REDACTED] is status post right shoulder arthroscopy, anterior posterior capsular repair, superior labral, anterior posterior repair, arthroscopic subacromial decompression dated 08/26/2013. According to report dated 09/03/2013 by [REDACTED], the patient presents for post operative check of the right shoulder. He states he has moderate pain, well controlled with Norco and ibuprofen. He remains in an ARC sling. Patient is doing well post surgery and has been authorized to begin physical therapy. Report from 08/20/2013 states, patient complains of right shoulder "popping in and out and soreness." The shoulder feels unstable and clicks and dislocates.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **RETROSPECTIVE REQUEST FOR DVT INTERMITTENT COMPRESSION DEVICE RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California ACOEM and Official Disability Guidelines (ODG) guidelines do not discuss DVT compression device for the shoulder. However, ODG does have the following regarding venous thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. The ODG further states, "upper extremity DVT is much less studied compared to lower extremity DVT and the diagnostic and therapeutic modalities still have substantial areas that need to be studied. (Saseedharan, 2012) Although it is generally believed that venous thromboembolism (VTE) after shoulder surgery is very rare, there are increasing reports of deep venous thrombosis (DVT) and pulmonary embolism (PE) associated with shoulder surgery." In this case, the treating physician does not provide any risk factors for perioperative thromboembolic complications. There is no evidence that this was a complicated surgery and it was not an open shoulder surgery. There is no documentation of prolonged post-operative immobilization. The retrospective request for DVT intermittent compressions device for the right shoulder is not medically necessary and appropriate.